## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/520899

CLAIIVIS AS FILED - PART I								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
	NATIONAL	OTAGE EEEO	(Column	1 1)	<del></del>	Column 2)	1 1		<del>,                                     </del>	1	SWALL D	-141114	
U.S. NATIONAL STAGE FEES								RATE	FEE		RATE	FEE	
BAS	IC FEE		SMALL ENT.			GE ENT. = \$ 300		BASIC FEE	1	OR	BASIC FEE	300	
EXA	MINATION FE	E	Satisfies PCT Ar (4) = \$50/	/\$ 100		ther situations = 100 / \$ 200		EXAM. FEE			EXAM. FEE	200	
SEARCH FEE			U.S. is ISA = \$ ALL other course \$ 200 / \$	ntries =		her situations = 5 250 / \$ 500		SEARCH FEE			SEARCH FEE	400	
FEE FOR EXTRA SPEC. PGS.			minu	ıs 100 =		/ 50 =		X \$ 125 =			X \$ 250 =	/	
TOTAL CHARGEABLE CLAIMS			17 minus 20 = .					X \$ 25 =		OR	X \$ 50 =	4	
INDE	EPENDENT CL	AIMS	minus 3 = *					X \$ 100 =		OR	X \$ 200 =	1	
		DENT CLAIM PRI						+ \$ 180 =		OR	+ \$ 360 =	6	
* If	the difference	in column 1 is	, enter "C	)" in co	olumn 2	_	TOTAL		OR	TOTAL	900		
CLAIMS AS AMENDED - PART II OTHER THA												THAN	
		(Column 1)		(Colur	nn 2)	(Column 3)		SMALL ENTITY		OR	SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
	Independent	<u> </u>	Minus	***		=		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =		
TOTAL ADDIT. FEE										OR	TOTAL ADDIT. FEE		
		(Column 1) CLAIMS		(Colun		(Column 3)							
2		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRES	ENTATION OF M	ULTIPLE DEPE	NDENT C	CLAIM			+ \$ 180 =		OR	+ \$ 360 =		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
**	If the "Highest Nu	mn 1 is less than the mber Previously Pai	d For IN THIS SP	ACE is less	s than '20	7. enter "20".							
***	If the "Highest Nu The "Highest Nun	mber Previously Pai nber Previously Paid	d For" IN THIS SPA For" (Total or Inde	ACE is less ependent) is	than '3', the higi	, enter "3". hest number found i	in the	appropriate box	in column 1.				